

## SUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | m/s      |        | 09/28/01 |
| O.I.P.E. CLASSIFIER |          |        |          |
| FORMALITY REVIEW    | r        | on     | 11/02/01 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date     |
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| Final    | AC/MS    |
| Original | 10/28/01 |
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| 26       | ✓ N      |
| 27       | ✓ N      |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

9/29  
11/28/01

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